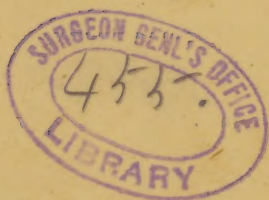
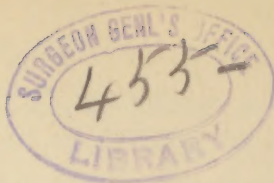


de Schweinitz (G. E.)

Pyoktanin in Gærge-
cystitis —





PYOKTANIN IN DACRYOCYSTITIS.

IN the December number of the MAGAZINE, Dr. G. M. Gould records his experience with blue pyoktanin in the treatment of a variety of superficial ocular inflammations, and lays particular stress upon its value in dacryocystitis and lachrymal conjunctivitis. He states :

"In chronically unhealthy conditions of the lachrymal excreting apparatus, I have found it to work like a charm in cleansing the channels and drying up the abnormal secretions. When the canaliculi or ducts are closed by constriction, they may be rendered patent by the usual methods, and with pyoktanin a quick cure thus effected. But there are many cases where the obstructed outflow is in part due to the inflammation and congestion caused by the presence of unhealthy tears and conjunctival disease, and in such cases, without other means, a drop of pyoktanin in the lower conjunctival sulcus, repeated twice a day for a few days, will work wonders. To the great diffusibility of the solution this effect is doubtless in part due."

My experience with the drug is in entire accord with the sentence just quoted from the paper of my colleague. I have used pyoktanin in a number of inflammatory affections of the cornea and conjunctiva with very indifferent success and often with disappointing effect, but in diseases of the lachrymal passages, especially when associated with accumulations of purulent or muco-purulent secretion in the tear sac, it is in many respects the most efficient remedy, in the rapidity of its curative influence, I have employed. Its value depends upon its pus-destroying properties and, as has been suggested, its great diffusibility. The latter quality is well illustrated by the following case :

C. D., a boy aged 6, had from birth suppuration of the right lachrymal sac and closure of the nasal duct. Pressure over the slightly bulging area of the tear-bag caused the exudation from both puncta of a thick, muco-purulent discharge. The lower canaliculus was slit and an endeavor made to pass a probe, which met with a firmly resisting stricture just beyond the lower part of the sac, or beginning of the nasal duct. The probe was not forced, neither was the stricture incised. Blue pyoktanin (1-1000) was injected into the sac. The next day the suppuration had diminished considerably, and on the third day only a slightly tenacious, clear fluid exuded from the puncta. The pyoktanin injections were repeated for three days, when, although no change had taken place in the character of the obstruction and no probe had been passed, a little of the solution found its way into the inferior meatus of the nose. A naso-pharyngeal examination revealed an abnormal shape of the lower turbinated bone of the right nostril and evidences of a severe rhinitis during the past. Treatment of this condition was undertaken by Dr. Alexander MacCoy, and after a few days the stricture was incised, the probe passed and the usual treatment instituted with very rapid improvement.

This case is interesting chiefly because, although an ordinary antiseptic solution like bichloride of mercury could not be forced through the stricture previous to its incision, the pyoktanin found a way.

Rapid cessation of suppuration in the lachrymal passages under the influence of this drug is illustrated by the following cases :

Mrs. D., a woman aged 50, with long-standing, chronic dacryocystitis, suffering from an acute exacerbation, with free secretion of purulent matter from the left sac associated with blepharitis and some ectropion, received for three days a pyoktanin injection after slitting of the canaliculus. At the end of this time the purulent character of the secretion had ceased. The drug was now substituted by a solution of bichloride of mercury and the usual treatment continued, with very happy results. It may be stated that the blepharitis during the three days that the aniline dye was used showed no improvement, but yielded rather speedily to an aristol salve.

Mr. B., a gentleman over 80 years of age, had for many years obstruction of the left nasal duct and muco-purulent discharge from the tear sac of the same side. He had never permitted treatment until recently, when, as he was about to undergo a cataract extraction upon the opposite side, in which there was no suppuration in the lachrymal passages, but only a slight chronic conjunctivitis, the left canaliculus was slit, the nasal duct probed and the sac washed out with the pyoktanin solution, which passed freely into the nose. The next day there was marked improvement, the fourth day there was only a slight gummy discharge, and at the end of a week the abnormal secretion had absolutely dried up.

The next case illustrates the point made by Dr. Gould and other observers, that in lachrymal conjunctivitis the drug often does good without its injection into the sac or nasal duct, simply by placing a drop or two of it daily in the lower conjunctival sulcus.

A hospital patient, aged 57, had upon the left side an old stricture of the nasal duct, which in times past had been probed, but which recently had not been treated. There was slight distichiasis with some pannus in the lower portion of the cornea. The eye was tear-soaked, and pressure over the right lachrymal sac caused the exudation of a few drops of muco-purulent discharge. Without reopening the stricture pyoktanin was dropped into the conjunctival cul-de-sac, with improvement in twenty-four hours, and with such marked benefit at the end of a week that a semi-luxated, cataractous lens was removed from that eye with rapid healing of the wound. The ultimate result of vision to this man was not very good, owing to considerable vitreous disease and patches of atrophic choroiditis, but there was no reaction from the operation and no more irritation than could be accounted for by the fact that the man had suffered from misplaced cilia, which rubbed against his cornea. This fault was corrected before the lens was extracted.

These cases will suffice to show that the drug certainly exercises a very beneficial influence in drying up the abnormal secretions of the lachrymal passages. Further than this, however, it does not appear to have marked effect, and it has been my practice, after the cessation of suppuration, to substitute for it one of the well-known antiseptics. In most of the cases blue pyoktanin has been used ; in a few treated with the yellow variety the result was not so good nor the application quite so free from irritation. However, my experience with the latter form of the remedy is very limited. Dilatation of the pupil following its use was not observed, neither was there any staining of the deeper structures. No particularly good effect occurred in eye affections other than those associated with the formation of pus, and in some cases of corneal ulcer the disease was apparently aggravated by the applications of the remedy.

G. E. DE SCHWEINTZ, M.D.,

Ophthalmic Surgeon, Philadelphia and Children's Hospitals.

